Amended

## PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

101 Executive Center Drive, Suite 100Columbia, South Carolina 29210

(Mailing address: Post Office Drawer 11649, Columbia, SC 29211)

Phone: (803) 896-5100

FAX: (803) 896-5199

2014-289-T

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR OPERATION OF MOTOR VEHICLE CARRIER

Select Class: (Check one)	Date: 7/2/14
I E (HHG) - Household Goods	
☐ E (HAZ) - Hazardous Material	
IMPORTANT! If application is to amend scope of authobefore application will be accepted. If application is for a N	ority, a current annual report must be on file with the Commission IEW CERTIFICATE, do not submit annual report.
Check one:	
New Application	
☐ Amended Scope of Authority	
Current Scope: (list counties)	
Amended Scope: (list counties)	
- Plantotion Moving	on, partnership, or sole proprietorship, with or without trade name.)
4400 Lodson Rd #3 Lod Street A	Idress of Applicant
Mailing Address of Applic	ant (if different from street address)
<u>- 843-275-9341</u>	
Phone	FAX
Info@plantationm	nail Addrèss

2. If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State "Foreign Corporation" Certificate.)

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

## **BALANCE SHEET**

Balance at Time Application is Filed:

Month OULU Year 2014

Month July Year 2014
4.427 89
2000.00
24,215.00
0
1500
32,1971.89
4720.00
4720.00
4000
27 400.00

<sup>\*</sup> Total Assets = Total Liabilities and Equity

3. Select Entity Type: (Check	•	
☐ Individual Owner/Sole		
☐ Partnership - List nam	es and address of all person l	having an interest in the business.
	es and addresses of two princ	
Vessica Hodges	III Springview	Ln.#318 Summerville SC 29485
Michael Bury	inski soks Cva	un Ln. Pranoke, VA 24019
4. Applicant proposes to ope	erate service as follows: (Cha	and and
⊗ Intrastate Only	Interstate Only	Both
•		<u> </u>
5. Is applicant certified to pr	ovide intractata transportati	on of household goods in another state: (Check one.)
O Yes	No	on of nousehold goods in another state: (Check one.)
If yes, attach a letter from	<i>F</i>	ate(s) stating applicant is in compliance with the rules and
regulations of said state a	gency,	ne(s) stating applicant is in compliance with the rules and
6. Has applicant been convic	ted of operating with no intra	astate household goods authority or failure to abide
of the rates and regulation	s pertaining to the intrastate	transportation of household goods in this state or any
other state? (Check one.)  O Yes	⊗ No	·
If yes, list dates and natur		
Michigan (1994) A. A. C.		
Hae annliaant avan bad		
any other state? (Check one	ertificate authorizing the tran	sportation of household goods revoked in this state or
○ Yes	No	
If yes, list dates and natu	re of revocations below.	
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